



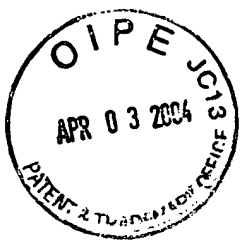
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	101 646-914
	Filing Date	08/22/03
	First Named Inventor	FIROOZ ATRIZADEH
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<b>Remarks</b> Preliminary Amendment: ① Amendments to the Specifications 3 pages ② Amendments to Claims 1 page ③ Amendments to Drawings 1 page Drawings 2 sheets TOTAL 7 pages	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Firooz Atrizadeh	
Signature	<i>F. Atrizadeh</i>	
Date	04/03/04	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	FIROOZ ATRIZADEH	
Signature	<i>F. Atrizadeh</i>	Date 04/03/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



4/5/04

## PRELIMINARY AMENDMENT

Application No.: 10/ 646,914

Amend. Dated April 3, 2004

### **Amendments to the Specifications:**

1.

Please add following new paragraph on page 1, as the third paragraph under the topic of BACKGROUND OF INVENTION (after the second paragraph that starts with; Neck and shoulder pains....):

[Third paragraph] Following injuries to neck and shoulder areas, patients often develop symptoms of cervical instability (i.e., neck pain; pain radiating into the shoulder, arm or hand; painful or limited neck motion). These problems arise when joints and or muscles connecting to that joint are damaged. In these cases physiotherapy and using especial exercises such as stretching or rotational movement of the neck and shoulder joints are indispensable part of the treatment.

2.

Please replace last paragraph on page 3, before BRIEF DESCRIPTIONS OF DRAWINGS, with the following amended paragraphs:

The muscle toner of the invention includes a headband and an adjustable stretching device, (FIG. 1), connected to each other through a connecting ring. For stretching purpose the headband is tightened around the head in a way that the connecting ring is positioned in the back of the head (FIG 15).